

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B 613

Grievance Officer's Report		
Date Received: 6/05/17	Date of Review: 7/20/17	Grievance # 1468
Committed Person: Terrance Woods	<div style="font-size: 24px; font-weight: bold; color: blue;">RECEIVED</div> <div style="font-size: 18px; font-weight: bold; color: blue;">AUG 02 2017</div> <div style="font-size: 16px; font-weight: bold; color: blue;">ADMINISTRATIVE REVIEW BOARD</div>	
Nature of Grievance: Conditions	ID #: B15395	
<p>Facts Reviewed: Offender claims on a grievance dated 4/05/17 that the mold levels are so high in the School/Law Library Building that it can be seen and smelled. Offender claims that he has been enrolled in school for approximately six years on and off. Offender claims that on 4/05/17 he was examined by the optometrist due to experiencing eye irritation, eye pain, changes in vision, redness and swelling of his eye lids. Offender claims that the optometrist informed him the veins in his left eye are more enlarged than normal and asked if he was around mold because mold is what is causing his eye irritation. Offender claims that he was prescribed Ketotifen Fumarate Ophthalmic Solution and artificial tears. Offender claims that mold is the cause of his eye issue and that mold is present throughout the facility.</p> <p>Counselor Butler-Winters responded "if grievant felt mold present in his living unit or any area where designated to reside for any duration of time he should contact Unit staff so a work order can be submitted. Grievant has not provided any pertinent documentation that mold caused his eye condition."</p> <p>Grievance Officer finds that according to 360 offender has been at Stateville C.C. since 4/09/03. The Offender Optometric Examination form DOC0081 provided by the offender states "Suspect mold as etiology of eye allergies." While the optometrist noted that mold may be the cause of offender's eye condition he did not definitively state that it was. There is no way to determine where offender may have come into contact with mold.</p> <p>Recommendation: Based upon a total review of all available information it is the recommendation of this Grievance Officer that this offender's grievance be DENIED due to lack of substantiation that mold in the facility caused his eye condition. Offender is advised to sign up for sick call in order to address any medical issues or concerns.</p>		
David Mansfield, CCIJ		 <small>Grievance Officer's Signature</small>
<small>Print Grievance Officer's Name (Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response		
Date Received: 7-25-17	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
<p>Comments:</p> <div style="height: 40px; border: 1px solid black; margin-top: 10px;"></div>		
 <small>Chief Administrative Officer's Signature</small>		7-25-17 <small>Date</small>

Committed Person's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 18277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</small>		
 <small>Committed Person's Signature</small>	B-15395 <small>ID#</small>	7-28-17 <small>Date</small>